

COMPLAINT BY A PRISONER UNDER THE CIVIL RIGHTS ACT, 42 U.S.C §§ 1983

Name O'DELL MARC E.  
 (Last) (First) (Initial)

**RECEIVED**Prisoner Number F-06395

AUG 21 2008

Institutional Address SAN QUENTIN STATE PRISON

**RICHARD W. WIEKING**  
 CLERK, U.S. DISTRICT COURT  
 NORTHERN DISTRICT OF CALIFORNIA

**UNITED STATES DISTRICT COURT  
 NORTHERN DISTRICT OF CALIFORNIA**

MARC EVAN O'DELL

(Enter the full name of plaintiff in this action.)

vs.

Case No. C 08-0756 (PR) **CRB**  
 (To be provided by the clerk of court)

BUTTE COUNTY SHERIFFS DEPT.

NAPA STATE HOSPITAL et., al,

**COMPLAINT UNDER THE  
 CIVIL RIGHTS ACT,  
 42 U.S.C §§ 1983**

(Enter the full name of the defendant(s) in this action))

*[All questions on this complaint form must be answered in order for your action to proceed.]*I. Exhaustion of Administrative Remedies

**[Note:** You must exhaust your administrative remedies before your claim can go forward. The court will dismiss any unexhausted claims.]

A. Place of present confinement SAN QUENTIN STATE PRISON

B. Is there a grievance procedure in this institution?

YES ( ) NO ( )

C. Did you present the facts in your complaint for review through the grievance procedure?

YES ( ) NO ( )

D. If your answer is YES, list the appeal number and the date and result of the

1 appeal at each level of review. If you did not pursue a certain level of appeal,  
2 explain why.

3 1. Informal appeal \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_ 2. First

6 formal level \_\_\_\_\_

7 \_\_\_\_\_

8 \_\_\_\_\_

9 3. Second formal level \_\_\_\_\_

10 \_\_\_\_\_

11 \_\_\_\_\_ 4 Third

12 formal level \_\_\_\_\_

13 \_\_\_\_\_

14 \_\_\_\_\_

15 E. Is the last level to which you appealed the highest level of appeal available to  
16 you?

17 YES ( ) NO ( )

18 F. If you did not present your claim for review through the grievance procedure,  
19 explain why. \_\_\_\_\_

20 \_\_\_\_\_

21 \_\_\_\_\_

22 II. Parties

23 A. Write your name and your present address. Do the same for additional plaintiffs,  
24 if any.

25 MARC EVAN O'DELL f-06395

26 SAN QUENTIN STATE PRISON

27 SAN QUENTIN CALIFORNIA, 94964

28 B. Write the full name of each defendant, his or her official position, and his or her

1 place of employment.

6 III.

7 Statement of Claim

8 State here as briefly as possible the facts of your case. Be sure to describe how each  
9 defendant is involved and to include dates, when possible. Do not give any legal arguments or  
10 cite any cases or statutes. If you have more than one claim, each claim should be set forth in a  
11 separate numbered paragraph.

12 PLEASE SEE ATTACHMENT FIRST AMENDED COMPLAINT DOCUMENTATION

25 IV. Relief

26 Your complaint cannot go forward unless you request specific relief. State briefly exactly  
27 what you want the court to do for you. Make no legal arguments; cite no cases or statutes.

28 TEN MILLION DOLLARS PUNITIVE DAMAGES AND EIGHT MILLION DOLLARS FOR  
29 COMPENSATORY DAMAGES AND TWO MILLION DOLLARS FOR MALPRACTICE THAT  
RESULTED IN SERIOUS AND IRREPARABLE DAMAGE.

COMPLAINT

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I declare under penalty of perjury that the foregoing is true and correct.

Signed this AUGUST day of 20, 2008

  
(Plaintiff's signature)

AMENDED COMPLAINT OF 42 U.S.C . 1983  
IN THE MATTER OF CASE # C 08 - 0756 (PR)

MAILED FOR FILING AUGUST 18, 2008  
BY:

MARK EVAN ODELL / F06395 - Petitioner

v.

BUTTE COUNTY SHERIFF'S DEPARTMENT,  
NAPA STATE HOSPITAL - et., al. - Respondents

**First Amended 42 U.S.C. 1983 Complaint**

on behalf of

MARK EVAN ODELL - PLAINTIFF

v.

**Butte County Sheriff's Department, Napa State Hospital, and the Custodial, Treatment and Medical Staff of each entity mentioned as Defendants in this complaint by individual name, or descriptively referred to by the pseudonym 'et., al'.**

**United States District Court for the Northern District of California  
Case Number C 08 - 0756 (PR)**

**OVERVIEW**

The Plaintiff petitioned the court against the Defendants who are employed by Butte County's Sheriffs Department and Employees of Napa State Hospital, who knowingly deprived the Plaintiff of his Constitutional and Statutory Rights, by willful omissions to act responsibly in their official capacities while under the color of authority.

The Plaintiff maintains that the Defendants of Butte County Sheriff's Department and Napa State Hospital, failed to provide him with adequately nutritious meals, and that the meals he was given as a diet caused him to suffer severe weight loss, and additional health problems. Further, that medication that was "*forcibly*" administered to him was against a Court Ordered Cease and Desist decided on September 1, 2003 by the U.S. Supreme Courts Ruling under Probate Codes §4650 and §4657. In addition, the Plaintiff contends that additional medication(s) [such as Zyprexa and Olanzapinc] that he was given, acted adversely and in opposition to medication he was taking for Hepatitis -C. In addition, that hospital staff should not only have been aware of this conflict caused by the combination of medications prescribed and forcefully administered; but should have as well exercised professional judgment before conducting the "forced dosing". This constitutes Professional Malpractice, and a flagrant display of indifference to the Plaintiffs' serious medical needs. Further, that these impermissible actions by the Defendants are in direct violation of Probate Codes §4650 and §4657, and California's Code of Regulations under Title 9 Sections: 880, and 883 A thru K. Also, California's Code of Regulations under Title 9 Section 884 §9 and §10.

The Plaintiff named these defendants in his initial complaint, but claims against both entities were dismissed with leave to amend, as the plaintiff failed to adequately divulge liabilities against them. The Plaintiff hopes to amend the complaint to demonstrate such liabilities *with this filing*. This will be the first amended complaint being submitted to the court regarding this matter.

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

MARC EVAN O'DELL Plaintiff,

vs.

BUTE COUNTY SHERIFFS DEPARTMENT,  
NAPA STATE HOSPITAL et., al.

Defendant.

CASE NO. C 08-0756 (PR)

**PRISONER'S  
APPLICATION TO PROCEED  
IN FORMA PAUPERIS**

I, MARC EVAN O'DELL, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes X No     

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: 56.00 Net: 24.00

Employer: PRISON INDUSTRY AUTHORITY



1 If the answer is "no," state the date of last employment and the amount of the gross and net  
 2 salary and wages per month which you received. (If you are imprisoned, specify the last  
 3 place of employment prior to imprisonment.)

4 NA

5 NA

6 NA

7 2. Have you received, within the past twelve (12) months, any money from any of the  
 8 following sources:

9 a. Business, Profession or Yes \_\_\_ No X

10 self employment

11 b. Income from stocks, bonds, Yes \_\_\_ No X

12 or royalties?

13 c. Rent payments? Yes \_\_\_ No X

14 d. Pensions, annuities, or Yes \_\_\_ No X

15 life insurance payments?

16 e. Federal or State welfare payments, Yes \_\_\_ No X

17 Social Security or other govern-

18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount  
 20 received from each.

21 NA

22 NA

23 3. Are you married? Yes \_\_\_ No X

24 Spouse's Full Name: NA

25 Spouse's Place of Employment: NA

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ NA Net \$ NA

28 4. a. List amount you contribute to your spouse's support: \$ NA



b. List the persons other than your spouse who are dependent upon you for support and indicate how much you contribute toward their support. (NOTE: For minor children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.).

NONE

5. Do you own or are you buying a home? Yes \_\_\_ No X

Estimated Market Value: \$ NA Amount of Mortgage: \$ NA

6. Do you own an automobile? Yes \_\_\_ No X

Make NA Year NA Model NA

Is it financed? Yes NA No NA If so, Total due: \$ NA

Monthly Payment: \$ NA

7. Do you have a bank account? Yes \_\_\_ No X (Do not include account numbers.)

Name(s) and address(es) of bank: NA

Present balance(s): \$ NA

Do you own any cash? Yes \_\_\_ No X Amount: \$ NA

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes \_\_\_ No X

8. What are your monthly expenses?

Rent: \$ NA Utilities: NA

Food: \$ NA Clothing: NA

Charge Accounts:

Name of Account	Monthly Payment	Total Owed on This Acct.
<u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
<u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
<u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>

9. Do

1 you have any other debts? (List current obligations, indicating amounts and to whom they are  
2 payable. Do not include account numbers.)

3 NONE

4  
5 10. Does the complaint which you are seeking to file raise claims that have been presented  
6 in other lawsuits? Yes      No X

7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in  
8 which they were filed.

9 NA

10 NA

11 I consent to prison officials withdrawing from my trust account and paying to the court  
12 the initial partial filing fee and all installment payments required by the court.

13 I declare under the penalty of perjury that the foregoing is true and correct and  
14 understand that a false statement herein may result in the dismissal of my claims.

15  
16 08-20-2008

17 DATE

18 Paul L. Lai

19 SIGNATURE OF APPLICANT  
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26  
27  
28

Case Number: C 08-0756(PR)

CERTIFICATE OF FUNDS  
IN  
PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of - 0 for the last six months at

[prisoner name]

San Quentin State Prison where (s)he is confined.

[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ 56.00 and the average balance in the prisoner's account each month for the most recent 6-month period was \$ 24.00.

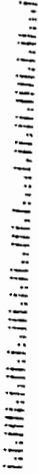
Dated: 08-20-2008

\_\_\_\_\_  
[Authorized officer of the institution]



CLERK OF THE UNITED STATES DISTRICT  
COURT FOR THE NORTHERN DISTRICT OF CALIFORNIA  
450 GOLDEN GATE AVENUE  
P.O. BOX 36060  
SAN FRANCISCO, CALIFORNIA

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